

## MISSOURI PRECEPTOR APPLICATION

The Missouri Board of Nursing Home Administrators requires an individual applying to become licensed as a long term care administrator in Missouri to complete a prescribed course of instruction and training. An administrator-in-training (AIT) experience (internship) in a long term care facility under the direct supervision of a licensed long term care administrator who is designated as a preceptor by the Board is an important part of the preparatory training. The supervision by a preceptor is a valuable contribution to the growth and development of the intern, to long term care administration, and ultimately, long term care.

In accordance with 19 CSR 73-2.031(5)(C), an Administrator must currently be serving as the administrator of a duly license intermediate care facility (ICF), skilled nursing facility (SNF), assisted living facility (ALF), or any residential care facility (RCF).

The application for designation as a preceptor is a welcomed expression of your interest in the betterment of long term care administration. Please complete and return at your earliest convenience to:

**Missouri Board of Nursing Home Administrators**  
**P.O. Box 570**  
**Jefferson City, MO 65102-0570**  
**Email: [bnha@health.mo.gov](mailto:bnha@health.mo.gov) Fax: (573) 526-4314**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Missouri Long Term Care Administrator License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
(Month) (Year)

Have you been employed as a Missouri long term care administrator for at least one  
(1) year within the three (3) years immediately preceding this application?

\_\_\_\_\_  
YES NO

Does your Corporation/Company allow you to take on AIT's for Internship?

\_\_\_\_\_  
YES NO

Have you completed a Board approved Preceptor Training Program (*for Initial certification*)  
or the Preceptor Training update (*for recertification*)?

If yes, attach certificate of completion.

\_\_\_\_\_  
YES NO

**AGREEMENT:** By my signature below and if I am designated as a preceptor by the Missouri Board of Nursing Home Administrators, I hereby agree:

1. To give each intern assigned to me the opportunity to observe and take part in my usual managerial tasks;
2. To acquaint each intern assigned to me with the organization and operation of all the various departments of my long term care facility;
3. To hold an exit interview with each intern assigned to me upon completion of the internship to point out noted strengths and weaknesses;
4. To accept no individual as an intern who is related to me within the fourth degree of consanguinity; and
5. To provide the Board of Nursing Home Administrators upon satisfactory completion of an internship a written statement regarding the progress and completion of the required hours.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

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Please list employment history as a Missouri long term care administrator.

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Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

Level of Care: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

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Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

Level of Care: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

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Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

Level of Care: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

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